



CITY OF NORTHAMPTON, MASSACHUSETTS  
HUMAN RESOURCES DEPARTMENT

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240 Main Street  
Northampton, MA 01060  
(413) 587-1258 - Fax: (413) 587-1303

Glenda G. Stoddard, HR Director  
Susan C. Stone, Employment Specialist

Charles Dunham, Benefit Specialist  
Laurie O'Shepa, HR Assistant

## STUDENT SUB INSTRUCTION SHEET

Welcome! Northampton Public Schools need remote subs to assist in various ways during the months of December and January (and beyond if available). You have downloaded this streamlined instruction packet. Please:

1. Complete the shortened application and accompanying paperwork.
2. Send a copy of your MA Driver's License or MA State ID to accompany the CORI sheet.
3. You will be contacted for a short telephone or Zoom interview.
4. Candidates who are recommended for hire will need to get fingerprinted and complete payroll paperwork with Human Resources.
5. If you have a bachelor's degree and wish to sub teach, you must provide official transcripts. If not, you will be a Sub ESP.
6. Once all the above is complete you are ready to begin work!

RATES: ESP: \$13.40/HR.  
TEACHER: \$85.00/DAY

QUESTIONS? CALL SUSAN AT 413-587-1245.

Send packet and license to:

[loshepa@northamptonma.gov](mailto:loshepa@northamptonma.gov)

Or Human Resources, 240 Main St., Northampton,  
MA 01060

## **IMPORTANT**

### **Instructions for completing the City of Northampton's Employment Application form.**

1. Type or print clearly in black or blue ink.
2. Answer every question fully and accurately.
3. As an applicant for employment the City will review, if applicable:
  - Criminal Offender Record Information (C.O.R.I) and;
  - Sex Offender Record Information (S.O.R.I.)
4. If an offer of employment is made to you, the City may identify that it is contingent upon the results of a medical exam and/or a background check.
5. FALSE OR MATERIALLY INACCURATE INFORMATION ON THIS APPLICATION WILL BE CAUSE FOR DISQUALIFICATION FOR EMPLOYMENT OR DISMISSAL AT ANY TIME AFTER EMPLOYMENT.
6. Read certification and releases carefully before signing.
7. Return completed application to the Human Resources office.
8. If you need an alternative version of this form, please let us know.
9. If you would like to be considered for another open position in the future, you must call our office (587-1258) and identify what position you originally applied for and what position you would now like to have your application considered for.
10. All application materials must be submitted to the Human Resources Department, 240 Main Street, Northampton, MA 01060. Application materials submitted anywhere else are not valid.

**This application will be kept on file for 2 (two) years.**

Employment Application  
City of Northampton, Massachusetts

Applicant last name, First initial \_\_\_\_\_

Date of Application \_\_\_\_\_

It is the policy of the City of Northampton to afford equal employment opportunity to all qualified persons regardless of race, color, religion, national origin, age, military status, sexual orientation, disability, or gender, except where age or sex is a bona fide occupational qualification as allowed by the Civil Rights Act of 1964. The City of Northampton only hires individuals authorized for employment in the United States.

**Disclaimers:**

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

Massachusetts General Laws c.151B prohibits employers from (1) terminating or refusing to hire individuals on the basis of genetic information; (2) requesting genetic information concerning employees, applicants, or their family members; (3) attempting to induce individuals to undergo genetic tests or otherwise disclose genetic information; (4) using genetic information in any way that affects the terms and conditions of an individual's employment; or (5) seeking, receiving or maintaining genetic information for any non-medical purpose.

An applicant for employment with a record expunged pursuant to Section 100F, Section 100G, Section 100H or Section 100K of Chapter 276 of the General Laws may answer 'no record' to an inquiry herein relative to prior arrests, criminal court appearances, juvenile court appearances, adjudications or convictions.

**Position(s) Applying For:**

1.) Sub Teacher or ESP Ann #. —

2.) \_\_\_\_\_ Ann # \_\_\_\_\_

3.) \_\_\_\_\_ Ann.# \_\_\_\_\_

**Personal Information:**

Last Name	First Name	Middle Name
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Mailing address	City	State	Zip code
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Home address (if different from mailing)	Years at this address _____
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Home phone \_\_\_\_\_ Cell/Alt. Phone \_\_\_\_\_ If you are under 18  
years old, state age \_\_\_\_\_

Are you authorized to work lawfully in the United States for the City of Northampton? \_\_\_\_ Yes \_\_\_\_ No

Will you now or in the future require the City of Northampton to commence ("sponsor") an immigration case in order to employ you (for example, H-1B or other employment-based immigration case)? This is sometimes called "sponsorship" for an employment-based visa status. \_\_\_\_ Yes \_\_\_\_ No

### Education:

Type of School	Name and Location of school	Degree/Area of study	Number of years attended	Graduated?
High School				Yes No
College				Yes No
College				Yes No
Graduate				Yes No
Other				Yes No
Other				Yes No

### Other Training, Licenses and/or Certifications:

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### Employment History:

Starting with your present job or most recent job, list all paid or volunteer positions held during the last ten (10) years. Please use space and page three of this application if you need more room. A resume may not be substituted, but may be included as a supplement. You need not include organizational names of volunteer experience that would indicate possible membership in a legally protected classification such as race, color, religion, national origin, age, military status, sexual orientation, disability, or gender.

Name & Address of Employer	Position, Duties and Supervisor	Reason for Leaving
Phone Dates From To	Supervisor's Name May we contact? Yes No	

Phone Dates From      To	Supervisor's Name May we contact? Yes      No	
Phone Dates From      To	Supervisor's Name May we contact? Yes      No	
Phone Dates From      To	Supervisor's Name May we contact? Yes      No	
Phone Dates From      To	Supervisor's Name May we contact? Yes      No	

Have you ever worked under a different name? No    Yes, Name: \_\_\_\_\_

Please explain \_\_\_\_\_

Have you ever been employed with the City of Northampton (City) or the Northampton Public School (N.P.S.) before? No    Yes    Please give position and dates \_\_\_\_\_

List any relatives who currently work for the City or N.P.S. \_\_\_\_\_

### Professional References:

List three people, not related to you, who can comment on your work performance

Name	Address	Occupation	Telephone	Relationship	Years acquainted

### Emergency Contact:

Name	Address	Phone
Place of employment	Address	Phone
Relationship to you		

Additional space for employment information:

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**Applicant's Certification and Agreement:**

I understand that the foregoing will be verified in order to expedite my application for employment with the City of Northampton. I hereby authorize the City to conduct a full investigation into my background.

I authorize the City to obtain my previous work records, employment records, education, certification, professional licenses, driver's license and history (if job related), professional and character references and any other information concerning character, ability, knowledge, skills and habits and all other necessary information related to employment. Further I grant authority to the keeper of these records to release said records to the City of Northampton for the purpose of making its hiring decision.

I agree that the City shall not be liable in any respect if a job offer is not extended, is withdrawn, or my employment is terminated because of false statement, omissions or answers made by me on this application. I agree that my previous employers shall not be liable with regard to any information provided by them in connection with this release.

If employed, I agree to abide by all rules and regulations of the City of Northampton and/or Northampton Public Schools. I understand if convicted of a felony, I will notify my supervisor immediately. I agree to furnish such additional information and complete such examination as may be required to complete an employment process and understand that this application for employment in no way obligates the City to employ me. I acknowledge that the City will, if applicable, review the Criminal Offender Record Information (C.O.R.I.) and the Sex Offender Registry Information (S.O.R.I.). I understand that I will be informed if there may be an adverse employment decision based on the C.O.R.I. information and that I will be provided with a copy of the C.O.R.I. policy outlining my rights and the City's obligation in making an employment decision based on the information received.

I further understand and agree that if an offer is made to me, that the City of Northampton may require that the offer is contingent upon the results of a medical examination, including a pre-employment physical and/or drug screen, as it related to the requirements of a specific job. If required, I understand that either refusal to submit to such a screening or failure to qualify according to the minimum standards established by the City for the screening may disqualify me from further consideration for employment.

I certify under the pains and penalty of perjury that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing, which, if disclosed, would affect this application unfavorably. I understand that any false statements, omissions or answers made by me on this application can result in my immediate termination.

In compliance with the Immigration and Reform and Control Act of 1986, I understand that I will be required to provide approved documentation that verifies my right to work in the United States on my first day of employment. I have received the list of approved documents with this application.

I understand that unless I am subject to the terms of a collective bargaining agreement, my employment will be at-will, which means that both the City of Northampton and I are free to terminate the employment relationship at any time for any non-statutorily prohibited reason or for no reason at all, with or without notice.

I hereby acknowledge that I have read in full and understand the above statements and conditions of employment.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Applicant \_\_\_\_\_

Updated 10/10/2018

**Employee's Withholding Certificate**

OMB No. 1545-0074

► **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**  
 ► **Give Form W-4 to your employer.**  
 ► **Your withholding is subject to review by the IRS.**

**2020**

<b>Step 1:</b> <b>Enter</b> <b>Personal</b> <b>Information</b>	(a) First name and middle initial	Last name	(b) Social security number
	Address		► Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly (or Qualifying widow(er)) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

**Step 2:**  
**Multiple Jobs**  
**or Spouse**  
**Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4); or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . . . ► ☐

**TIP:** To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

**Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

<b>Step 3:</b> <b>Claim</b> <b>Dependents</b>	If your income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 ► \$		
	Multiply the number of other dependents by \$500 . . . . . ► \$		
	Add the amounts above and enter the total here . . . . .	<b>3</b>	\$
<b>Step 4</b> <b>(optional):</b> <b>Other</b> <b>Adjustments</b>	(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	<b>4(a)</b>	\$
	(b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	<b>4(b)</b>	\$
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b>	\$

<b>Step 5:</b> <b>Sign</b> <b>Here</b>	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	Employee's signature (This form is not valid unless you sign it.)		Date
<b>Employers</b> <b>Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)



Voluntary ↓

**Step 2(b) – Multiple Jobs Worksheet** (Keep for your records.)

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

**Note:** If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 . . . . . **1** \$ \_\_\_\_\_
- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
  - a** Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a . . . . . **2a** \$ \_\_\_\_\_
  - b** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b . . . . . **2b** \$ \_\_\_\_\_
  - c** Add the amounts from lines 2a and 2b and enter the result on line 2c . . . . . **2c** \$ \_\_\_\_\_
- 3** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. . . . . **3** \_\_\_\_\_
- 4** **Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) . . . . . **4** \$ \_\_\_\_\_

**Step 4(b) – Deductions Worksheet** (Keep for your records.)

- 1** Enter an estimate of your 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income . . . . . **1** \$ \_\_\_\_\_
- 2** Enter:  $\left\{ \begin{array}{l} \bullet \$24,800 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$18,650 \text{ if you're head of household} \\ \bullet \$12,400 \text{ if you're single or married filing separately} \end{array} \right\}$  . . . . . **2** \$ \_\_\_\_\_
- 3** If line 1 is greater than line 2, subtract line 2 from line 1. If line 2 is greater than line 1, enter "-0-" . . . . . **3** \$ \_\_\_\_\_
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Schedule 1 (Form 1040 or 1040-SR)). See Pub. 505 for more information . . . . . **4** \$ \_\_\_\_\_
- 5** **Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 . . . . . **5** \$ \_\_\_\_\_

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

FORM  
M-4

MASSACHUSETTS EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Rev. 8/02



Print full name .....  
Print home address .....

Social Security no. ....  
City ..... State ..... Zip .....

**Employee:**

File this form or Form W-4 with your employer. Otherwise, Massachusetts Income Taxes will be withheld from your wages without exemptions.

**Employer:**

Keep this certificate with your records. If the employee is believed to have claimed excessive exemptions, the Massachusetts Department of Revenue should be so advised.

**HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS**

1. Your personal exemption. Write the figure "1." If you are age 65 or over or will be before next year, write "2" .....
2. If married and if exemption for spouse is allowed, write the figure "3." If your spouse is age 65 or over or will be before next year and if otherwise qualified, write "4." See Instruction C .....
3. Write the number of your qualified dependents. See Instruction D .....
4. Add the number of exemptions which you have claimed above and write the total .....
5. Additional withholding per pay period under agreement with employer \$ .....
  - A. ☐ Check if you will file as head of household on your tax return.
  - B. ☐ Check if you are blind.
  - C. ☐ Check if spouse is blind and not subject to withholding.
  - D. ☐ Check if you are a full-time student engaged in seasonal, part-time or temporary employment whose estimated annual income will not exceed \$8,000.

EMPLOYER: DO NOT withhold if Box D is checked.

I certify that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled.

Date ..... Signed .....

THIS FORM MAY BE REPRODUCED

**THE COMMONWEALTH OF MASSACHUSETTS, DEPARTMENT OF REVENUE**

**A. Number.** If you claim more than the correct number of exemptions, civil and criminal penalties may be imposed. You may claim a smaller number of exemptions. If you do not file a certificate, your employer must withhold on the basis of no exemptions.

If you expect to owe more income tax than will be withheld, you may either claim a smaller number of exemptions or enter into an agreement with your employer to have additional amounts withheld.

You should claim the total number of exemptions to which you are entitled to prevent excessive overwithholding, unless you have a significant amount of other income.

**If you work for more than one employer at the same time, you must not claim any exemptions with employers other than your principal employer.**

If you are married and if your spouse is subject to withholding, each may claim a personal exemption.

**B. Changes.** You may file a new certificate at any time if the number of exemptions increases. You must file a new certificate within 10 days if the number of exemptions previously claimed by you decreases. For example, if during the year your dependent son's income indicates that you will not provide over half of his support for the year, you must file a new certificate.

**C. Spouse.** If your spouse is not working or if she or he is working but not claiming the personal exemption or the age 65 or over exemption, generally you may claim those exemptions in line 2. However, if you are planning to file separate annual tax returns, you should not claim withholding exemptions for your spouse or for any dependents that will not be claimed on your annual tax return.

If claiming a wife or husband, write "3" in line 2. Using "3" is the withholding system adjustment for the \$3,300 exemption for a spouse.

**D. Dependent(s).** You may claim an exemption in line 3 for each individual who qualifies as a dependent under the Federal Income Tax Law. In addition, if one or more of your dependents will be under age 12 at year end, add "4" to your dependents total for line 3.

You are not allowed to claim "federal withholding deductions and adjustments" under the Massachusetts withholding system.

If you have income not subject to withholding, you are urged to have additional amounts withheld to cover your tax liability on such income. See line 5.

**IF YOU CLAIM THE SAME NUMBER OF EXEMPTIONS FOR MASSACHUSETTS AND U.S. INCOME TAXES, COMPLETE U.S. FORM W-4 ONLY.**



Employment Eligibility Verification  
Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 10/31/2022

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** (Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [ ][ ] - [ ][ ] - [ ][ ][ ]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See instructions)
Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.
1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____
QR Code - Section 1 Do Not Write In This Space

Signature of Employee	Today's Date (mm/dd/yyyy)
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**Preparer and/or Translator Certification (check one):**

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page



Do not Complete  
this page.



Employment Eligibility Verification  
Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 10/31/2022

**Section 2. Employer or Authorized Representative Review and Verification**

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
<b>List A</b> Identity and Employment Authorization	<b>OR</b>	<b>List B</b> Identity	<b>AND</b>	<b>List C</b> Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		<div>Additional Information</div> <div>QR Code - Sections 2 &amp; 3 Do Not Write In This Space</div>		
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

**Certification:** I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions)

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State ZIP Code

**Section 3. Reverification and Rehires** (To be completed and signed by employer or authorized representative.)

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)

**C.** If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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## LISTS OF ACCEPTABLE DOCUMENTS

All documents must be **UNEXPIRED**

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

LIST A	OR	LIST B	AND	LIST C
Documents that Establish Both Identity and Employment Authorization		Documents that Establish Identity		Documents that Establish Employment Authorization
<div>1. U.S. Passport or U.S. Passport Card</div> <div>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</div> <div>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</div> <div>4. Employment Authorization Document that contains a photograph (Form I-766)</div> <div>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:<div>a. Foreign passport; and</div><div>b. Form I-94 or Form I-94A that has the following:<div>(1) The same name as the passport; and</div><div>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</div></div></div> <div>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</div>		<div>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</div> <div>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</div> <div>3. School ID card with a photograph</div> <div>4. Voter's registration card</div> <div>5. U.S. Military card or draft record</div> <div>6. Military dependent's ID card</div> <div>7. U.S. Coast Guard Merchant Mariner Card</div> <div>8. Native American tribal document</div> <div>9. Driver's license issued by a Canadian government authority</div> <div>For persons under age 18 who are unable to present a document listed above:</div> <div>10. School record or report card</div> <div>11. Clinic, doctor, or hospital record</div> <div>12. Day-care or nursery school record</div>		<div>1. A Social Security Account Number card, unless the card includes one of the following restrictions:<div>(1) NOT VALID FOR EMPLOYMENT</div><div>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</div><div>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</div></div> <div>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</div> <div>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</div> <div>4. Native American tribal document</div> <div>5. U.S. Citizen ID Card (Form I-197)</div> <div>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</div> <div>7. Employment authorization document issued by the Department of Homeland Security</div>

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

## Statement Concerning Your Employment in a Job Not Covered by Social Security

Employee Name \_\_\_\_\_

Employee ID# \_\_\_\_\_

Employer Name \_\_\_\_\_

Employer ID# \_\_\_\_\_

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

### Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2013, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$395.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

### Government Pension Offset Provision

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security (\$500 - \$400=\$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

### For More Information

Social Security publications and additional information, including information about exceptions to each provision, are available at [www.socialsecurity.gov](http://www.socialsecurity.gov). You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security Benefits.

Signature of Employee \_\_\_\_\_

Date \_\_\_\_\_

## OBRA Plan Participation

As a part-time, seasonal or temporary employee of the Commonwealth of Massachusetts or a Massachusetts local government employer, you are required to participate in the OBRA Plan. The OBRA Plan is an alternative to Social Security as permitted by the federal Omnibus Budget Reconciliation Act of 1990 (OBRA). OBRA, passed by the U.S. Congress, requires that beginning July 1, 1991, employees not eligible to participate in their employer's retirement program be placed in Social Security or another program meeting federal requirements.

All OBRA participants are required to complete an enrollment form to enroll in the Plan.

All participants classified as OBRA must make a mandatory contribution to the Plan equal to 7.5% of their gross compensation per pay period.

### **Investment Option:**

OBRA mandatory contributions are automatically invested in the guaranteed interest account with Great West

### **Distributions:**

Distribution of your OBRA Plan benefits can only be made upon:

- Severance from employment
- Your death (Your designated beneficiary(ies) will receive your benefits)

Severance from employment occurs because of your voluntary or involuntary termination of employment. There is no early withdrawal penalty for taking a distribution of your account upon separation of service, regardless of your age.

Benefits attributable to your voluntary contribution account may be distributed under other options available under the SMART Plan.

**You may elect to receive your distribution immediately upon severance from employment.** For more information or to request a Distribution Request Form, please contact the Human Resources office at (413) 587-1258.



# Participant Enrollment Governmental 457(b) Plan

## Massachusetts Deferred Compensation SMART Plan - Mandatory OBRA

98966-02

### Participant Information

Last Name	First Name	MI	Social Security Number		
Address - Number & Street			E-Mail Address		
City			State		
Zip Code					
( )			( )		
Home Phone			Work Phone		
<input type="checkbox"/> Check box if you prefer to receive quarterly account statements in Spanish.			<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Female <input type="checkbox"/> Male		
Mo Day Year			Mo Day Year		
Date of Birth			Date of Hire		
Do you have a retirement savings account with a previous employer or an IRA? <input type="checkbox"/> Yes or <input type="checkbox"/> No					

**Important Notice:** Employees participating in the Massachusetts Deferred Compensation SMART Plan - OBRA Mandatory Plan (the Plan) must complete Social Security Form SSA-1945. The Plan has been designated as an alternative retirement system for part time employees not covered by their employers retirement system. The SSA-1945 explains the potential effects of the Windfall Elimination Provision and Government Pension Offset Provision under the Social Security law which may reduce the amount of your Social Security retirement or disability benefits, and/or benefits received by you as a spouse or an ex-spouse. If you have any questions regarding SSA-1945 or if you have not completed SSA-1945, please contact your employer.

**Statement Delivery** - Participant quarterly statements are sent regular mail via the U.S. Postal Service. If you prefer an environmentally friendly alternative, please visit [www.mass-smart.com](http://www.mass-smart.com) for fast and easy enrollment in our Online File Cabinet service.

### Payroll Information

<u>City of Northampton</u> Division Name	To be completed by Representative: <u>7220</u> Division Number
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**Investment Option Information (applies to all contributions)** - Please refer to your communication materials for information regarding each investment option.

I understand that funds may impose redemption fees on certain transfers, redemptions or exchanges if assets are held less than the period stated in the fund's prospectus or other disclosure documents. I will refer to the fund's prospectus and or disclosure documents for more information.

<u>INVESTMENT OPTION NAME</u>	<u>INVESTMENT OPTION CODE</u> (Internal Use Only)	
MUST INDICATE WHOLE PERCENTAGES		= 100%
<u>INVESTMENT OPTION NAME</u>	<u>INVESTMENT OPTION CODE</u> (Internal Use Only)	
SMART Capital Preservation Fund.....	MELINC.....	100%





## Plan Beneficiary Designation

This designation is effective upon execution and delivery to Service Provider at the address below. I have the right to change the beneficiary. If any information is missing, additional information may be required prior to recording my beneficiary designation. If my primary and contingent beneficiaries predecease me or I fail to designate beneficiaries, amounts will be paid pursuant to the terms of the Plan Document or applicable law.

You may only designate one primary and one contingent beneficiary on this form. However, the number of primary or contingent beneficiaries you name is not limited. If you wish to designate more than one primary and/or contingent beneficiary, do not complete the section below. Instead, complete and forward the Beneficiary Designation form.

### Primary Beneficiary

100.00%

% of Account Balance	Social Security Number	Primary Beneficiary Name	Relationship	Date of Birth
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### Contingent Beneficiary

100.00%

% of Account Balance	Social Security Number	Contingent Beneficiary Name	Relationship	Date of Birth
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## Participation Agreement

**Withdrawal Restrictions** - I understand that the Internal Revenue Code (the "Code") and or my employer's Plan Document may impose restrictions on transfers and or distributions. I understand that I must contact the Plan Administrator Trustee to determine when and or under what circumstances I am eligible to receive distributions or make transfers.

**Compliance With Plan Document and/or the Code** - Participation in this Plan is mandatory. A deduction will be taken from your wages and invested on your behalf based on your employer's Plan Document. I agree that my employer or Plan Administrator Trustee may take any action that may be necessary to ensure that my participation in the Plan is in compliance with any applicable requirement of the Plan Document and/or the Code. I understand that the maximum annual limit on contributions is determined under the Plan Document and/or the Code. I understand that it is my responsibility to monitor my total annual contributions to ensure that I do not exceed the amount permitted. If I exceed the contribution limit, I assume sole liability for any tax, penalty, or costs that may be incurred.

**Incomplete Forms** - I understand that in the event my Participant Enrollment form is incomplete or is not received by Service Provider at the address below prior to the receipt of any deposits, I specifically consent to Service Provider retaining all monies received and allocating them to the default investment option.

**Account Corrections** - I understand that it is my obligation to review all confirmations and quarterly statements for discrepancies or errors. Corrections will be made only for errors which I communicate within 90 calendar days of the last calendar quarter. After this 90 days, account information shall be deemed accurate and acceptable to me. If I notify Service Provider of an error after this 90 days, the correction will only be processed from the date of notification forward and not on a retroactive basis.

## Signature(s) and Consent

### Participant Consent

I have completed, understand and agree to all pages of this Participant Enrollment form. I understand that Service Provider is required to comply with the regulations and requirements of the Office of Foreign Assets Control, Department of the Treasury ("OFAC"). As a result, Service Provider cannot conduct business with persons in a blocked country or any person designated by OFAC as a specially designated national or blocked person. For more information, please access the OFAC Web site at: <http://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx>. Deferral agreements must be entered into prior to the first day of the month that the deferral will be made.

### Participant Signature

Date

Participant forward to Service Provider at:  
Great-West Retirement Services<sup>†</sup>  
P.O. Box 173764  
Denver, CO 80217-3764  
Phone #: 1-877-457-1900  
Fax #: 1-866-745-5766  
Web site: [www.mass-smart.com](http://www.mass-smart.com)

Core securities, when offered, are offered through GWFS Equities, Inc. and/or other broker dealers.

GWFS Equities, Inc., Member FINRA/SIPC, is a wholly owned subsidiary of Great-West Life & Annuity Insurance Company.

Empower Retirement refers to the products and services offered in the retirement markets by Great-West Life & Annuity Insurance Company (GWL&A), Corporate Headquarters: Greenwood Village, CO; Great-West Life & Annuity Insurance Company of New York, Home Office: White Plains, NY; and their subsidiaries and affiliates. All trademarks, logos, service marks, and design elements used are owned by their respective owners and are used by permission.

City of Northampton  
DIRECT DEPOSIT

Authorization and Order For Payroll Check Direct Deposit in Financial Institution

☐ New agreement      ☐ Change account      ☐ Cancel agreement

Date of request: \_\_\_\_\_ Employee Name: \_\_\_\_\_

The Treasurer of the City of Northampton is hereby authorized to deposit my pay into my account identified as and held at the financial institution identified below, and I certify that such account exists.

This authorization shall remain in effect until I give written notification of any change to my financial institution and/or account number. I have attached a blank voided check (for deposits to checking account) or deposit slip (for deposits to savings account) solely for the purpose of verifying my account number and the financial institution's transit number. The voided check or savings deposit form must include the employee's name preprinted on the form. If this is not the case the employee must sign the voided check or savings deposit form to indicate that this is the account their City pay should be deposited into.

Please sign the form and return it to Human Resources. Please allow two pay cycles for this to become effective.

Social Security Number: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_

TYPE OF ACCOUNT: ☐ Checking ☐ Savings

Acct # \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_

ABA Transit/Routing number: \_\_\_\_\_

YOUR NAME 578 Main Street Anywhere, ME 12345		123
DATE _____		
PAY TO THE ORDER OF _____		\$
_____ DOLLARS		
123456789	123456789	123
Routing Number	Account Number	Check Number

## Chickenpox Status Report

The Department of Public Health has revised the regulations for student and school staff who have been exposed to chickenpox. Basically if you have never had chickenpox, have never had the vaccine, or have never had an antibody titer that shows you have had chickenpox, you will need to be excluded from school from day 10 through day 21 after exposure.

The School Nurse needs to know the immunity of all staff in the school that she serves. Please use the following check off list to disclose your status. (This information will be kept on file in the nurse's office.)

Name \_\_\_\_\_ Position Sub Teacher/ESP

1.) I have had chickenpox \_\_\_\_ Yes \_\_\_\_ No

OR

2.) I have had the varicella (chickenpox) vaccine \_\_\_\_ Yes \_\_\_\_ No

OR

3.) I have had a positive antibody titer for varicella (chickenpox) \_\_\_\_ Yes \_\_\_\_ No  
*Please furnish a copy of the results.*

If you answered "No" to all the questions above, this may be a good time to speak with your healthcare provider about receiving the vaccine.

Signature \_\_\_\_\_ Date \_\_\_\_\_

If you have any questions about this form, please contact the Director of Health Services at 587-1361.

For HR use: \_\_\_\_\_

DOH \_\_\_\_\_ School Assignment \_\_\_\_\_



CITY OF NORTHAMPTON, MASSACHUSETTS  
HUMAN RESOURCES DEPARTMENT

240 Main Street  
Northampton, MA 01060  
(413) 587-1258 - Fax: (413) 587-1303

**CORI REQUEST FORM**

**NOHPS  
CH 385  
G**

Northampton Public Schools has been certified by the Criminal History Systems Board for access to all criminal case data including conviction, non-conviction and pending. As an applicant/employee for the position of Substitute, I understand that a criminal record check will be conducted for conviction, non-conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

\_\_\_\_\_  
Applicant/Employee Signature

\_\_\_\_\_  
APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

\_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE NAME

\_\_\_\_\_  
ALL FORMER LAST NAMES USED PLACE OF BIRTH

\_\_\_\_\_  
: \_\_\_\_\_  
DATE OF BIRTH SOCIAL SECURITY NUMBER \*ID Theft Index PIN (if applicable)  
(last 6 numbers only)

MOTHER'S FULL MAIDEN NAME: \_\_\_\_\_  
(OR ANY PARENT)

FATHER'S FULL MAIDEN NAME: \_\_\_\_\_

Current and : \_\_\_\_\_  
Former Addresses \_\_\_\_\_  
(if less than 3 yrs.)

SEX: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ ft. \_\_\_\_\_ in. EYE COLOR \_\_\_\_\_  
(Gender neutral is identified as "X" or whatever is on license)

STATE DRIVER'S LICENSE NUMBER: \_\_\_\_\_

\*The above information was verified by reviewing the following form of government issued photographic identification: \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_  
Signature of CORI Authorized Employee



CITY OF NORTHAMPTON, MASSACHUSETTS  
HUMAN RESOURCES DEPARTMENT

240 Main Street  
Northampton, MA 01060  
(413) 587-1258 - Fax: (413) 587-1303

## Fingerprinting Information

To: Employee(s), Prospective Employees and Student Teachers  
Re: Implementation of Chapter 77 of the Acts of 2013  
Date: December 11, 2018

In September 2013, Governor Patrick signed into law, Chapter 77 of the Acts of 2013, "An Act Relative to Background Checks." This new law expands on what we as public schools already do with Criminal Offender Record Information (CORI) checks. Specifically, it requires a fingerprint-based state and national criminal record check for all school employees.

The State Applicant Fingerprint Identification System (SAFIS) has contracted with Idemia IndentoGo to implement this system. Idemia has a number of sites to collect fingerprints. Do not go to any Police Department for this reason.

**ALL NEW EMPLOYEES MUST BE FINGERPRINTED BEFORE THEY CAN BE  
WITH CHILDREN UNSUPERVISED.  
TO FULFILL THIS REQUIREMENT, YOU MUST VISIT ONE OF THE AUTHORIZED  
SITES TO HAVE YOUR FINGERPRINTS COLLECTED.**

- You must register for an appointment:  
Online: <http://www.identogo.com/FP/Massachusetts.aspx>, select "Online Scheduling", OR,  
By phone: (866) 349-8130.
- You will be required to provide the Northampton Public School District's ESE Organization Code: 02100000 (also referred to as Provider ID#). You will also need to identify yourself as a K-12 or ESE employee (and not as an Early Childhood employee).
- Individuals will pay a fee to comply with this requirement - \$35.00 for non-licensed employees and \$55.00 for DESE Licensed Professionals (including those with pending applications/licenses). This fee is your responsibility.
- Student Teachers and Substitutes are school employees under the new law and, therefore, must submit their fingerprints for the state and national checks. If a substitute teacher holds an

educator license issued under G.L. c.71, § 38G, they will pay the \$55.00 fee; otherwise, they will pay the \$35.00 fee.

- When you have completed your fingerprinting, you will be provided with a fingerprint receipt. A copy of this receipt must be returned to the Human Resources Department.

For more information please visit:

- <http://www.northampton-k12.us/Administration/human-resources>
  1. Statewide Applicant Fingerprint Identification Services (SAFIS) Program Registration Guide for Pre-K-12th Grade Education (ESE).
  2. SAFIS-FORM-004 How to Change, Correct or Update your National Criminal History Record
- <http://www.mass.gov/edu/2013newsupdates/frequently-asked-questions-regarding-background-checks.html>
- <http://www.malegislature.gov/Laws/SessionLaws/Acts/2013/Chapter77>

If you have any further questions, please contact Susan Stone, Employment Specialist, at: [ssstone@northamptonma.gov](mailto:ssstone@northamptonma.gov) or 413-587-1245.

Thank you in advance for your cooperation.

**IdentoGO locations (valid as of 1/04/19) closest to Northampton**

Idemia Identogo, Hampton Ponds Plaza, 1029 North Road Westfield, MA 01086.

IdentoGO, Five Town Plaza, 372B Cooley Street, Springfield, MA 01128

Send Fingerprint Suitability Determinations to:  
Susan Stone, Human Resources  
Email: [ssstone@northamptonma.gov](mailto:ssstone@northamptonma.gov)  
Phone: 413-587-1245